MAXIMUS Federal Services

Case Number:	CM14-0009377		
Date Assigned:	02/12/2014	Date of Injury:	10/29/2009
Decision Date:	06/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year old male with date of injury 10/29/2009. Date of UR decision was 12/23/2013 AME evaluation from 07/5/2012 suggests that the IW is being prescribed abilify, savella, clonazepam and deplin. Diagnosis of Dysthymic disorder Pain ds associated with both Psychological factors and General Medical Condition. PR from 11/1/2013 suggests that he has been seeing a Psychiatrist and a Psychologist for depression. PR from 12/3/2013 suggests that the depression has improved and he has been able to get discontinue the buspar. Psychiatric PR from 12/13/2013 suggests that he is being followed up for depression and anxiety. Report from 12/31/2013 suggests that the IW's current medication regimen includes sertraline, xanax. He smokes THC q3 days recreationally.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CLONAZEPAM 0.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." The request does not indicate the quanity of clonazepam requested, the length of time it is intended to be continued, goals of treatment etc.Thus the medical necessity for Clonazepam, unspecified quantity cannot be affirmed.

DEPLIN 5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Mental Illness & Stress >, <Deplin>

Decision rationale: Chronic Pain Chapter of ODG suggests that Deplin® (L-methylfolate) is a prescription medical food from [redacted], for the dietary management of suboptimal folate, a naturally occurring B vitamin, in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain. Mental Illness & Stress Chapter suggests that Folate is under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. It is currently unclear if this is the case both for people with normal folate levels, and for those with folate deficiency. (Taylor, 2004) Some studies have shown that folic acid may be a simple method of greatly improving the antidepressant action of fluoxetine and other antidepressants (Coppen, 2002) but another meta analysis concludes that none of the CAM studies show evidence of efficacy in depression according to the hierarchy of evidence. (Thachil, 2006) Multiple studies show that a low dietary intake of folate may be a risk factor for severe depression. (Tolmunen, 2004) (Papakostas, 2004) (Lerner, 2006) A trial of oral doses of both folic acid (800 microg daily) and vitamin B12 (1 mg daily) may be tried to improve treatment outcome in depression, with continuation depending on results. (Coppen, 2005) (Thachil, 2006) Medical necessity for the use of dephlin cannot be affirmed at this time as there is limited evidence regarding its use for depression, per the guildelines stated above.

SIX PAIN MANAGEMENT SESSIONS (ONCE A MONTH FOR SIX MONTHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain

than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). It is unclear as to what the requesting provider means by pain management sessions. But assumption is made that psychotherapy for chronic pain management is being requested. Guidelines suggest Initial trial of 3-4 psychotherapy visits over 2 weeks. Request for 6 sessions is excessive and medical necessity cannot be affirmed at this time.